

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
 FOR MEDICAL EXAMINERS

05338

Reg. Dist. No. 354

| | | | |
|--|---------------------------|--|--|
| 1. PLACE OF DEATH COUNTY <u>Worcester</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Worcester</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Shocketon, Md (Rural)</u> LENGTH OF STAY in this place <u>1</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Shocketon, Md (Rural)</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) <u>Rabbit Grown.</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>No name.</u> | | 4. DATE OF DEATH (Month) <u>May</u> (Day) <u>23</u> (Year) <u>1957</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>C</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>May 25 - 37</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 9. Age last birthday <u>20</u> yrs. If under 1 year Months Days If under 24 hrs Hours Min. |
| 11. BIRTHPLACE (State or foreign country) <u>Md.</u> | | 12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u> | |
| 13. FATHER'S NAME <u>Frank Taylor</u> | | 14. MOTHER'S MAIDEN NAME <u>Esther Collins</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY No. <u>None</u> | |
| 17. INFORMANT AND ADDRESS <u>Esther Collins</u> | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Undetermined
 Antecedent cause(s) (b) Premature birth
 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH
1/2 hr

II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION Mother lacerated tightly to direct suspicion of rape

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) Home

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☐ homicide ☐ undetermined

SIGNATURE

(Name or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

10525 1131533V

RECEIVED
JUN 4 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05339

Reg. Dist. No. 350

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH COUNTY <u>Worcester</u> <u>6</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Va</u> COUNTY <u>Accomack</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke City, Md</u> RURAL | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Wattsuile</u> RURAL | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) <u>Rural</u> | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Charles</u> (Middle) <u>Walter</u> (Last) <u>Core</u> | 4. DATE OF DEATH | (Month) <u>May</u> (Day) <u>9</u> (Year) <u>1951</u> |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>C.</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) | 8. DATE OF BIRTH <u>Dec 9, 1895</u> 53 yrs. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Worcester, Va</u> |
| 13. FATHER'S NAME <u>Oliver Core</u> | | 14. MOTHER'S MAIDEN NAME <u>Sarah Dickerson</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> | | 16. SOCIAL SECURITY No. <u>219-05-0698</u> | |
| 17. INFORMANT AND ADDRESS <u>Pearl Core.</u> | | | |
| 18. MEDICAL CERTIFICATION | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | |
| Immediate cause (a) <u>Tuberculosis Lungs (Probable)</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| Antecedent cause(s) (b) <u>Too strenuous work.</u> | | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. | | PLACE (Home, farm, factory, street, office, hospital, etc.) <u>Home</u> | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1</u> <u>1</u> <u>1</u> <u>m.</u> | | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/> | |
| | | HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> | | | |
| SIGNATURE <u>D. M. [Signature]</u> | | DATE SIGNED <u>5/10/51</u> | |
| 23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | DATE THEREOF <u>5-13-51</u> | |
| NAME OF CEMETERY OR CREMATORY <u>Wattsuile</u> | | LOCATION (City, town, or county) (State) <u>Wattsuile Va.</u> | |
| DATE REC'D BY LOCAL REG. <u>May 10 1951</u> | | 24. FUNERAL DIRECTOR <u>Edgar K. Wharton</u> <u>970 1/2 New Church, Va.</u> | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

05340

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH- COUNTY <u>Worcester</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Worcester</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Snow Hill, RFD</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Snow Hill</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>near Public Landing</u> | | STREET ADDRESS (If rural, give location) <u>Snow Hill</u> | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>WESLEY</u> | (Middle) <u>STANLEY</u> | (Last) <u>DE SHIED</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH <u>May 17-1951</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 9. AGE last birthday <u>0</u> yrs. |
| 13. FATHER'S NAME <u>Edward Deshield</u> | | 11. BIRTHPLACE (State or foreign country) <u>Snow Hill, Md RFD</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 14. MOTHER'S MAIDEN NAME <u>Frances Deshield</u> | |
| 16. SOCIAL SECURITY No. <u>none</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 17. INFORMANT <u>Frances Deshield, Mother</u> | | | |

| | | | |
|---|---|---|--|
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | 18. MEDICAL CERTIFICATION | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> |
| Immediate cause | (a) <u>Acute Enteritis</u> | | |
| Antecedent cause(s) | (b) <u>764.0</u> | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | | (c) <u>119a</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from 5-27-1957, to 5-28-1957, that I last saw the deceased alive on 5-28-1957, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

| | | | |
|--|---|--|-------------------------------|
| SIGNATURE <u>J. Butch. Le Mar MD</u> | DATE <u>May 28 1957</u> | ADDRESS <u>Snow Hill, Md</u> | DATE SIGNED <u>5/28/57</u> |
| 23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | NAME OF CEMETERY OR CREMATORY <u>Snow Hill</u> | LOCATION (City, town, or county) <u>Snow Hill, Md</u> | (State) <u>Md.</u> |
| DATE REC'D BY LOCAL REG. <u>5/28/57</u> | REGISTRAR'S SIGNATURE <u>LeRoy Smith</u> | 24. FUNERAL DIRECTOR <u>Irvin's Remnant</u> | ADDRESS <u>Blackstone</u> |

405171274408

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 350

05341

| | | | |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH- COUNTY <u>Worcester</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Worcester</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Pocomoke</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Clarke Ave</u> | | STREET ADDRESS (If rural, give location) <u>Clarke Ave.</u> | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>EDWARD</u> | (Middle) <u>E.</u> | (Last) <u>KEENAN</u> |
| 4. DATE OF DEATH | (Month) <u>May</u> | (Day) <u>1</u> | (Year) <u>1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec 11, 1882</u> |
| 9. AGE last birthday <u>68</u> yrs. | | 10. BIRTHPLACE (State or foreign country) <u>North Carolina</u> | |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watchman</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13. FATHER'S NAME <u>Unknown</u> | | 14. MOTHER'S MAIDEN NAME <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY No. <u>None</u> | |
| 17. INFORMANT AND ADDRESS <u>Edward F Keenan, Pocomoke, Md.</u> | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Thrombosis

Antecedent cause(s)

(b) Generalized Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

INTERVAL BETWEEN ONSET AND DEATH

3 daysunknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 27, 1951, to May 1, 1951, that I last saw the deceasedalive on Apr. 27, 1951, and that death occurred at 7:55 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Charles W. Trader M.D.Pocomoke City Md. 5-1-51

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

BurialMay 3, 1951Hall's Hill BaptistPocomoke, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

May 3, 1951Anne E. WhiteHenry H Watson, Pocomoke, Md.

763 687

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

MAY 7 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

05342

| | | | |
|---|----------------------------|---|-----------------------------------|
| 1. PLACE OF DEATH- COUNTY <u>Worcester</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Worcester</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Berlin</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Berlin</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>At Home</u> | | STREET ADDRESS (If rural, give location) <u>Route # 3</u> | |
| 3. NAME OF DECEASED (First) <u>Edward</u> (Middle) <u>Newton</u> (Last) <u>Newton</u> | | 4. DATE OF DEATH (Month) <u>5</u> (Day) <u>3</u> (Year) <u>1951</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>aa</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>single</u> | 8. DATE OF BIRTH <u>6-18-1897</u> |
| 9. AGE last birthday <u>53</u> yrs. | | 10. BIRTHPLACE (State or foreign country) <u>Berlin Worcester Co., Md.</u> | |
| 11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13. FATHER'S NAME <u>John Newton</u> | | 14. MOTHER'S MAIDEN NAME <u>Addie Ayres</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>World War I</u> | | 16. SOCIAL SECURITY NO. <u>yes - lost</u> | |
| 17. INFORMANT AND ADDRESS <u>Mr. John Newton, Berlin, Md.</u> | | 18. MEDICAL CERTIFICATION | |
| 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH | |
| Immediate cause (a) <u>Acute myocarditis</u> | | | |
| Antecedent cause(s) (b) <u>None</u> | | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | |
| HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from <u>October 5, 1950</u> to <u>5-3, 1951</u> , that I last saw the deceased alive on <u>5-3-1951</u> , and that death occurred at <u>6:20 P.</u> m., from the causes and on the date stated above. | | | |
| SIGNATURE <u>Clifford E. Schott</u> (Degree or title) | | ADDRESS <u>M.D. Berlin Md</u> DATE SIGNED | |
| 23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | | DATE THEREOF <u>5-7-51</u> | |
| NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u> | | LOCATION (City, town, or county) (State) <u>Berlin, Worcester Co. Md.</u> | |
| DATE REC'D BY LOCAL REG. <u>5/5/51</u> | | REGISTRAR'S SIGNATURE <u>Helen F. Hayward</u> | |
| FUNERAL DIRECTOR <u>James B. Bashell</u> | | ADDRESS <u>Salisbury, Md.</u> | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

970406

RECEIVED
MAY 8 1951
BUREAU V. S.

05343

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

| | | | |
|--|--|---|----------------------------------|
| 1. PLACE OF DEATH COUNTY <u>Montgomery</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Snow Hill</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Montgomery</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Snow Hill</u> TOWN STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) <u>Marguerite R. Richardson</u> SEX <u>Female</u> COLOR OR RACE <u>White</u> | | 4. DATE OF DEATH <u>May 18 1951</u> | |
| 5. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | | 6. DATE OF BIRTH <u>Dec. 2 - 1916</u> | |
| 7. AGE last birthday <u>34 5/16 yrs.</u> | | 8. AGE last birthday <u>34 5/16 yrs.</u> | |
| 9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u> | | 10. BIRTHPLACE (State or foreign country) <u>Snow Hill, Md.</u> | |
| 11. FATHER'S NAME <u>John W. Richardson</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13. MOTHER'S NAME <u>Mary T. Nelson</u> | | 14. SOCIAL SECURITY NO. <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. INFORMANT AND ADDRESS <u>Mrs. May T. Hill, Snow Hill, Md.</u> | |
| 17. MEDICAL CERTIFICATION | | | |
| 18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | | INTERVAL BETWEEN ONSET AND DEATH |
| Immediate cause (a) <u>Cachexia and inanition</u> | | | <u>2 mos.</u> |
| Antecedent cause(s) (b) <u>Pulmonary Tuberculosis (Far advanced)</u> | | | <u>7 yrs.</u> |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) | | | |
| 19. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. ACCIDENT (Specify) <u>SUICIDE</u> | | PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>SNOW HILL</u> | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | |
| HOW DID INJURY OCCUR? | | (CITY OR TOWN) (COUNTY) (STATE) <u>SNOW HILL</u> <u>Worc.</u> <u>Md.</u> | |
| 21. I hereby certify that I attended the deceased from <u>MAY 15</u> , 19 <u>50</u> , to <u>MAY 18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>MAY 17</u> , 19 <u>51</u> , and that death occurred at <u>8:10 P.</u> m., from the causes and on the date stated above. | | | |
| SIGNATURE <u>J. B. Le Mar</u> | | DATE SIGNED <u>5/19/51</u> | |
| 22. RITUAL CREMATION REMOVAL (Specify) <u>None</u> | | DATE THEREOF <u>May 20/51</u> | |
| NAME OF CEMETERY OR CREMATORY <u>Bethesda</u> | | LOCATION (City, town, or county) (State) <u>Snow Hill, Md.</u> | |
| DATE REC'D BY LOCAL REG. <u>5/19/51</u> | | 23. FUNERAL DIRECTOR <u>Walter B. Harris</u> | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05344

CERTIFICATE OF DEATH

Reg. Dist. No. 3.5.5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | | | |
|--|-------------------------------|---|------------------------------------|
| 1. PLACE OF DEATH COUNTY <u>Worcester</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Worcester</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Shawell</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Shawell</u> | |
| TOWN <u>Shawell</u> | | TOWN <u>Shawell</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) <u>No #</u> | |
| 3. NAME OF DECEASED (Type or Print) <u>Lillian</u> (First) <u>Corahne</u> (Middle) <u>Shackley</u> (Last) | | 4. DATE OF DEATH <u>May 5</u> 19 <u>51</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug 6 1882</u> |
| 9. AGE last birthday <u>68</u> yrs. <u>89</u> Months <u>19</u> Days <u>19</u> Hours <u>19</u> Min. | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Delaware</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13. FATHER'S NAME <u>John H. Mumford</u> | | 14. MOTHER'S MAIDEN NAME <u>Kate Moore</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY No. <u>-</u> | |
| 17. INFORMANT AND ADDRESS <u>Mr Orlando M. Shackley Shawell</u> | | | |

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Heart Disease 15mo.

Antecedent cause(s) (b) Generalized Arteriosclerotic Hypertension 5 years

(c) Essential Cardiac-vascular Renal Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

| | | | | | |
|--|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | | PLACE (Home, farm, factory, street, OF office bldg., etc.) | | (CITY OR TOWN) (COUNTY) (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | | HOW DID INJURY OCCUR? | |

22. I hereby certify that I attended the deceased from Feb, 1950, to 5 May, 1951, that I last saw the deceased alive on 5 May, 1951, and that death occurred at 12:40 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | | |
|--|--|---|---|--|
| 23. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u> | | DATE <u>May 7, 1951</u> | NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u> | LOCATION (City, town, or county) <u>Bethesda</u> (State) <u>MD</u> |
| DATE REC'D BY LOCAL REG. <u>May 7, 1951</u> | | REGISTRAR'S SIGNATURE <u>Helen F. Hayward</u> | | 24. FUNERAL DIRECTOR <u>Lester W. Baby</u> ADDRESS <u>Shawell</u> |

RECEIVED
MAY 11 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05345 350

| | | | |
|---|-----------------------------|--|-------------------------------|
| 1. PLACE OF DEATH- COUNTY Worcester MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Worcester | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Pocomoke | | CITY (If outside corporate limits, write RURAL and give nearest town) Pocomoke | |
| TOWN Pocomoke | | TOWN Pocomoke | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Walnut St. | | STREET ADDRESS (If rural, give location) 202 Walnut St. | |
| 3. NAME OF DECEASED (Type or Print) | (First) LILY | (Middle) M. | (Last) STEVENSON |
| 4. DATE OF DEATH | May 9, 1951 | (Month) | (Day) 19 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow | 8. DATE OF BIRTH Sept 9, 1857 |
| 9. AGE last birthday 93 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Home | |
| 11. BIRTHPLACE (State or foreign country) Maryland | | 12. CITIZEN OF WHAT COUNTRY? US | |
| 13. FATHER'S NAME Francis J. Townsend | | 14. MOTHER'S MAIDEN NAME Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY No | |
| 17. INFORMANT AND ADDRESS Mrs. Franklin Dennis, Pocomoke, Md. | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic Myocarditis

INTERVAL BETWEEN ONSET AND DEATH

years

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1951, to May 9, 1951, that I last saw the deceased

alive on May 8, 1951, and that death occurred at 5 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial May 11, 1951

Bethany ME Cemtery

Pocomoke, Md.

24. FUNERAL DIRECTOR ADDRESS

DATE REC'D BY LOCAL REG May 11, 1951

REGISTRAR'S SIGNATURE Anne E. White

Henry H. Watson, Pocomoke, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MAY 14 1951

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 357

05346

| | | | |
|---|----------------------------------|---|---|
| 1. PLACE OF DEATH- COUNTY Worcester MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Worcester | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Newark, Route #1 | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Newark, Route #1 | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS At Home | | STREET ADDRESS Route #1 | |
| 3. NAME OF DECEASED (Type or Print) | (First) John | (Middle) Edward | (Last) Tindley |
| 5. SEX Male | 6. COLOR OR RACE A. A. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married | 8. DATE OF BIRTH 12 - 23 - 1965 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Own Farm | 11. BIRTHPLACE (State or foreign country) Berlin, Worcester Co. Md. |
| 13. FATHER'S NAME Charles Tindley | | 14. MOTHER'S MAIDEN NAME Rachel Hammond | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT AND ADDRESS Mr. Fletcher Tindley, Newark, Md. Rt. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

ACUTE MYOCARDITIS

Antecedent cause(s)

(b)

CHRONIC MYOCARDITIS

Disease or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

HYPERTENSION

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY
m.INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JAN 1 1948**, 19**51**, to **5/3/51**, 19**51**, that I last saw the deceasedalive on **5/3/51**, 19**51**, and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

Burial**8-8-51****Williams Chapel Cemetery****Newark, Worcester Co. Md****5/8/51****ReRay Smith****James B. Dashiell, Salisbury, Md.**

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 14 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05347 357

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 1. PLACE OF DEATH- COUNTY Worcester | | MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland | | COUNTY Worcester | |
| CITY (If outside corporate limits, write RURAL and give nearest town) Newark | | LENGTH OF STAY (in this place) 5 yrs. | | CITY (If outside corporate limits, write RURAL and give nearest town) Newark | | | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS At home | | | | STREET ADDRESS Route #1 | | (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) William | | (First) (Middle) (Last) Whaley | | 4. DATE OF DEATH 5 - 18 - 1951 | | (Month) (Day) (Year) | |
| 5. SEX Male | | 6. COLOR OR RACE A. A. | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | | 8. DATE OF BIRTH 4-20-1885 | |
| 9. AGE last birthday 66 yrs. | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Berlin, Worcester Co., Md. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13. FATHER'S NAME Henry Whaley | | 14. MOTHER'S MAIDEN NAME Belle Whaley | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | |
| 16. SOCIAL SECURITY NO. None | | 17. INFORMANT AND ADDRESS Mrs. Addie Whaley, Newark, Worcester Co. Md. | | | | | |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause

(a)

Chronic Myocarditis

Antecedent cause(s)

(b)

Hypertension

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

| | | | | | | | | | | | |
|---|--|---|--|---|--|----------------|--|----------|--|---------|--|
| 21. ACCIDENT SUICIDE HOMICIDE | | (Specify) | | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | | (CITY OR TOWN) | | (COUNTY) | | (STATE) | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | | INJURY OCCURRED While at Not While Work <input type="checkbox"/> At work <input type="checkbox"/> | | HOW DID INJURY OCCUR? | | | | | | | |

22. I hereby certify that I attended the deceased from 1-1-45, 19....., to 5-18-51, 19....., that I last saw the deceasedalive on 5-17-51, 19....., and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Clifford E. Schatt M.D. Berlin Md

| | | | | | | | | | |
|--|--|--------------------------------|--|--|--|--|--|---------|--|
| 23. BURIAL CREMATION REMOVAL (Specify) Burial | | DATE THEREOF 5-22-51 | | NAME OF CEMETERY OR CREMATORY Evergreen Cemetery | | LOCATION (City, town, or county) Berlin, Worcester Co. Md. | | (State) | |
|--|--|--------------------------------|--|--|--|--|--|---------|--|

| | | | | | | | |
|---|--|---|--|--|--|---------|--|
| DATE REC'D BY LOCAL REG. 5/22/51 | | REGISTRAR'S SIGNATURE <i>Rekey Smith</i> | | 24. FUNERAL DIRECTOR James B. Dashiell, Salisbury, Md. | | ADDRESS | |
|---|--|---|--|--|--|---------|--|

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

05348

Reg. Dist. No. 357

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | | | |
|---|---|--|-------------------------------------|
| 1. PLACE OF DEATH COUNTY <u>Worcester</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>MD</u> COUNTY <u>Worcester</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Sum Hill</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Boys Run</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Ruth</u> (Middle) <u>Edna</u> (Last) <u>Wilson</u> | 4. DATE OF DEATH (Month) <u>May</u> (Day) <u>22</u> (Year) <u>1957</u> | |
| 5. SEX <u>2</u> | 6. COLOR OR RACE <u>C.</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>2/11/10</u> |
| 9. AGE last birthday <u>47</u> yrs. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u> | 9. AGE last birthday <u>47</u> yrs. |
| 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY | 13. FATHER'S NAME <u>Thomas Jones</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Estelle Bane</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | |
| 16. SOCIAL SECURITY NO. <u>215-14-362</u> | | 17. INFORMANT AND ADDRESS <u>Marion Wilson - Sum Hill, Md</u> | |
| 18. MEDICAL CERTIFICATION | | | |
| I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | | INTERVAL BETWEEN ONSET AND DEATH | |
| Immediate cause (a) <u>Acute Subdural Edema</u> | | | |
| Antecedent cause(s) (b) <u>C. Hypertension</u> | | | |
| Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Laborious work</u> | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. | | PLACE (Home, farm, factory, street, office hldg., etc.) <u>INJURY</u> | |
| TIME (Month) (Day) (Year) (Hour) OF INJURY <u>1</u> m. | | INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/> | |
| HOW DID INJURY OCCUR? | | | |
| 22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . | | | |
| SIGNATURE <u>Dr. H. J. Antinous</u> | | DATE SIGNED <u>June 23/57</u> | |
| 23. METHOD OF CREMATION <u>None</u> | | DATE THEREOF <u>May 26/57</u> | |
| NAME OF CEMETERY OR CREMATORY <u>Baptist</u> | | LOCATION (City, town, or county) <u>Snow Hill, Md</u> | |
| DATE/REC'D BY LOCAL REG. <u>5/25/57</u> | | REGISTER'S SIGNATURE <u>W. E. Smith</u> | |
| 24. FUNERAL DIRECTOR <u>W. E. Smith</u> | | ADDRESS <u>W. E. Smith, Snow Hill, Md</u> | |

820105

RECEIVED
MAY 28 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH COUNTY <u>Worcester</u> MARYLAND | | 2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Worcester</u> | |
| CITY (If outside corporate limits, write RURAL and give nearest town) <u>Berlin</u> | | CITY (If outside corporate limits, write RURAL and give nearest town) <u>Berlin</u> | |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | | STREET ADDRESS (If rural, give location) <u>Rt D Parkersville</u> | |
| 3. NAME OF DECEASED (Type or Print) | (First) <u>Miss</u> (Middle) <u>Wilson</u> (Last) <u>Wyatt</u> | 4. DATE OF DEATH | (Month) <u>May</u> (Day) <u>13</u> (Year) <u>1951</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 25, 1861</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u> | 9. AGE last birthday <u>89</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min. |
| 11. BIRTHPLACE (State or foreign country) <u>Berlin, Md</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13. FATHER'S NAME <u>William Wyatt</u> | | 14. MOTHER'S MAIDEN NAME <u>Mary Gray</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY No. <u>no</u> | |
| 17. INFORMANT AND ADDRESS <u>Ms. Miss W. Wyatt Berlin Md</u> | | 18. MEDICAL CERTIFICATION | |

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Brights - with Dropsy

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

Hypertrophy of Prostate

(c)

age

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

| | | | | |
|--|---|-----------------------|----------|---------|
| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE) |
| TIME (Month) (Day) (Year) (Hour) OF INJURY | INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> | HOW DID INJURY OCCUR? | | |

22. I hereby certify that I attended the deceased from April 10, 1951, to May 12, 1951, that I last saw the deceased alive on 5-12-1951, and that death occurred at 240 A. M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

| | | | |
|---|------------------------|-------------------------------|--|
| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
| <u>Burial</u> | <u>5/15/51</u> | <u>Laylornville</u> | <u>Berlin (Rt D) Md</u> |
| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
| <u>May 15, 1951</u> | <u>Helen F Hayward</u> | <u>Anna L. Burbanck</u> | <u>Berlin Md</u> |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A151

05349

100105

RECEIVED
MAY 19 1951
BUREAU A. S.